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WALTER M. DICKIE, M. D., DIRECTOR

Weekly Bulletin



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GUY P. JONES
EDITOR

THE VITAMIN FAD.

By M. E. JAFFA, M.S., Chief, Bureau of Food and Drugs.

Undoubtedly one of the most popular fads in nutrition is the vitamin fad. Probably this would not have become so popular if the vitamins were tangible—if their composition were known—if their determination were possible—if their number were limited. But unfortunately we do not know of the existence of the vitamins other than by biological analysis and experimentation.

The subject is a live one, interesting to both scientist and layman. The former gathers his information from the works of co-scientists and his own investigations. Unfortunately the layman is getting most of his through advertisements appearing in our daily papers. It is very questionable whether this condition of affairs is as it should be.

The following facts must be accepted:

1. There are at present five types of vitamins, A, B, C, D and E; A and D being soluble in fat or oil and B and C being soluble in water.

2. Vitamins are unidentified dietary essentials; therefore,

3. No diet can be complete without them.

The question is, How is it best to obtain these vitamins? There are two sources open to the public:

a. The natural foods—milk, eggs, meat, fruits and vegetables. The value of these

as sources of vitamins does not appear in colored headlines and variegated cuts in our daily paper; more is the pity.

b. Through proprietary products, granting for argument's sake that these products are as advertised.

Which is the better source? This question may be discussed under two different captions.

1. Nutritionally.
2. Financially.

1. *Nutritionally*: Probably there is no better source of vitamins A and B for the young than milk, but while it is true that milk is such an excellent source of vitamins A and B, it is not by any means the only source. Eggs, fresh fruits and vegetables, but particularly the leafy vegetables, furnish ample supply of these dietary essentials. In fact, it may be said that vitamin B is well distributed through our common foods.

The best available source of vitamin C is the citrus fruits. There are two raw vegetables which rank equal in this respect with lemon juice, and these are the onion and the cabbage. Dietetically however, the citrus fruits are to be preferred to the raw vegetables. Tomato juice is another valuable source of vitamin C, and this is true whether the juice is raw or cooked. In other words, tomato juice is an exception to the general

rule regarding the content of vitamin C in cooked food.

From the foregoing it is evident that if one uses a mixed or varied diet, that is, one containing adequate representation from all the five classes of foods, and meeting the respective caloric requirement, there will be no need to worry about the vitamins. In other words, when a person consumes milk, meat, eggs, fruits and vegetables, his system not only receives the vitamins in their best form, but in addition other nutrients and calories of the highest biological value.

2. *Financially*: It would be a somewhat difficult matter to estimate the cost of vitamins in the ordinary mixed diet because of the fact that the body requires an adequate amount of good protein, mineral matter and calories, and when these are furnished from the best sources, they are accompanied by all the types of vitamins. It might, therefore, be said that the vitamins are practically furnished without cost.

The condition of affairs is entirely different when the commercial preparations are considered. A conservative estimate for the daily expenditure for a proprietary vitamin product is about ten cents. If, in place of spending this amount for the commercial product, it were expended for one pint of milk and an orange, not only would vitamins in their best form be obtained, but in addition other valuable nutrients and calories not provided for by the commercial product.

Experiments have been undertaken by McCollum which prove conclusively that some commercial products are not as represented by the labels, and the result of these and more studies tend to emphasize the fact that the best carrier of vitamins is food and not medicinal preparations. In other words, our daily diet should be the source of vitamins and not the drug store. The newspaper should not be considered as one's physician or diagnostician.



Doctor Sutherland, Orange County Health Officer.

Dr. V. G. Presson, health officer of Orange County, has resigned his position in order to take up the practice of medicine at Tucson, Arizona. Dr. K. H. Sutherland, who has served as deputy health officer, on January first, took Dr. Presson's place as county health officer. Dr. Sutherland was formerly health officer of San Luis Obispo County.

Food Clinics for San Francisco.

A food clinic to demonstrate the place of dietetics in the treatment of disease, under the direction of Miss Frances Stern, Chief of the Food Clinic of the Boston Dispensary, will be held at Lane and Stanford Hospital, San Francisco, January 16-28, 1928. The clinic is to be given under the auspices of the Stanford University Medical School and the California Tuberculosis Association. The program is being prepared by a committee composed of Dr. Adelaide Brown, chairman; Dr. Wm. Ophuls, Dr. R. S. Brodrick, Miss Charlotte I. Sloan and Mrs. Edythe Tate-Thompson.

A series of demonstrations for physicians only will be presented at 11.30 a.m. on each of the following days: January 18, 19, 21, 25, 26 and 28. In each of the lectures on these dates, given by a physician, Miss Stern will demonstrate, with a patient, the service of a food clinic in carrying out the diet prescribed by the physician. Sessions for the general public will be held on Mondays, Wednesdays and Fridays at 8 p.m. in the auditorium of the Nurses' Home, 2360 Clay street, on January 16, 18, 20, 23, 25 and 27. Each lecture, given by a physician, will be supplemented by a food demonstration by Miss Stern. Special lectures for dietitians, social service workers and public health nurses will be given on January 17, 19, 24 and 26.

Among the organizations which are co-operating in the clinic are the following:

Stanford Medical School, University of California Medical School, San Francisco Tuberculosis Association, California State Department of Public Health, Food Research Department, Stanford University; San Francisco Board of Health, San Francisco Center, California State Dietetic Association, Northern Branch; San Francisco County Medical Society Milk Commission, Organization for Public Health Nursing, Medical Social Service Workers, San Francisco Public Schools, Domestic Science and Health Teaching Departments; California State Dairy Council, San Francisco Milk Distributors' Association, Southern Pacific Hospital, Associated Charities of San Francisco, Visiting Nurses' Association, Social Service Departments of Mt. Zion Hospital, Children's Hospital, San Francisco Hospital, St. Luke's Hospital, Lane Hospital, University of California Hospital, and the San Francisco Polyclinic; Better Health, Community Chest of San Francisco, American Association of University Women.

Some Words Commonly Misused.

Some public health nurses and health officers are occasionally puzzled over the exact definitions and spellings of several words that are in common usage in public health literature. Upon request of a reader of this publication the following words and their definitions are given.

Sanatorium, noun, plural *sanatoria*, an institution for treatment of disease or care of invalids; especially an establishment employing natural therapeutic agents or conditions peculiar to the locality, or some specific treatment, or treating particular diseases.

Sanitarium, noun, plural *sanitariums*, a sanatorium; sometimes restricted to a place where the hygienic conditions are prophylactic or preservative of health, as distinguished from one where therapeutic agents are employed.

Tubercular, adjective, relating to, of the nature of, or affected with tubercles; characterized by the presence or development of tubercles.

Tuberculous, adjective, infected with tubercles caused by tubercle-bacilli.

According to good usage, the adjective *tubercular* is used to denote a pathological condition descriptive of the presence of tubercles, while the adjective *tuberculous* is used to describe the general infected condition of the individual. For example, a lung or a kidney may be *tubercular*, but a patient suffering from tuberculosis is *tuberculous*. We speak of the tuberculous of a community but not of the tuberculars. We have institutions for the tuberculous but not tubercular institutions.

Preventive, noun, that which prevents or is designed to prevent or hinder; a precautionary measure; something to preserve health or prevent disease. The word "preventative," according to the Standard Dictionary, which is drawn on freely for all of these definitions, is a spurious variant formed to correspond with such words as "demonstrative," but resting on a false analogy. It would appear, therefore, that the word "preventative" should be eliminated from all public health as well as all other types of literature.

Preventive, adjective, intended or serving to prevent or ward off any kind of harm.

Insanitary. This word appears in the Standard Dictionary, but the word "unsanitary" does not.

Data is the plural form of *datum* and, therefore, requires the plural form of the verb. For example: "the data, as presented, are reliable."

Newsholme to Lecture at U. C.

Sir Arthur Newsholme, K.C.B., M.D., will deliver two lectures on the evenings of January 25 and 26, at the University of California. His subjects will be "Dying Diseases" and "The Good Samaritan up to Date." Sir Arthur Newsholme is one of the most distinguished men in public health and he has become an international figure among men who have advanced public health activities throughout the world. He was formerly Principal Medical Officer, Local Government Board for England and Wales. He was Visiting Professor in the Johns Hopkins School of Public Health at Baltimore and during Children's Year in 1918 he served as a consultant in the formulation of a program for the activities in child hygiene that were carried on during that year. He is now engaged in the preparation of a volume on public health problems.



An Error And Apology.

In a recent issue of this publication it was stated that there had been no deaths from diphtheria in San Joaquin County during the past three years. This was an error upon the part of the writer. It should have been stated that no deaths from diphtheria had occurred in the city of Stockton during the past three years. Advice from Stockton shows that this record is now broken for a Stockton child died of diphtheria last week. At all events, the record of diphtheria control in Stockton and San Joaquin County is remarkable and compares favorably with similar records in other parts of the United States.



MORBIDITY.*

Diphtheria.

137 cases of diphtheria have been reported, as follows: Berkeley 1, Hayward 3, Oakland 15, Inyo County 1, Delano 1, Kings County 1, Los Angeles County 20, Azusa 1, Compton 1, Hermosa Beach 1, Long Beach 1, Los Angeles 28, Hawthorne 1, Monterey Park 1, Maywood 1, Bell 1, Marin County 2, Mill Valley 1, Napa County 1, Santa Ana 7, Riverside 2, Sacramento 1, San Bernardino 1, San Diego County 1, San Francisco 19, San Joaquin County 1, Lodi 1, Stockton 1, Santa Clara County 1, San Jose 2, Santa Clara 1, Sunnyvale 1, Siskiyou County 1, Benicia 1, Turlock 1, Yuba City 1, Tulare County 2, Ventura 2, Marysville 8.

Scarlet Fever.

161 cases of scarlet fever have been reported, as follows: Alameda 3, Berkeley 8,

*From reports received on January 2d, 3d and 4th for week ending December 31st.

Oakland 26, Clovis 1, Kern County 2, Delano 2, Kings County 1, Los Angeles County 16, Alhambra 1, Long Beach 7, Los Angeles 23, Pasadena 1, Whittier 7, Lynwood 6, Hawthorne 5, Marin County 2, Sausalito 3, Monterey 1, Orange 1, Riverside County 2, Riverside 3, Sacramento 1, Ontario 2, Coronado 1, San Diego 4, San Francisco 9, San Joaquin County 4, Stockton 3, Burlingame 1, Redwood City 3, Santa Clara County 1, San Jose 3, Healdsburg 1, Solano County 1, Ceres 1, Modesto 1, Tulare County 1, Yolo County 3.

Measles.

39 cases of measles have been reported, as follows: Berkeley 1, Glendale 1, Los Angeles 3, Pomona 3, Pacific Grove 1, San Bernardino 2, San Diego County 11, Oceanside 2, San Diego 1, San Francisco 8, San Luis Obispo 3, San Jose 1, Sutter County 1, Lindsay 1.

Smallpox.

16 cases of smallpox have been reported, as follows: Alameda County 1, Oakland 7, Kern County 1, Lassen County 1, San Francisco 4, Santa Clara County 1, San Jose 1.

Typhoid Fever.

Seven cases of typhoid fever have been re-

ported, as follows: Oakland 1, Los Angeles 1, Santa Monica 1, San Joaquin County 4.

Whooping Cough.

44 cases of whooping cough have been reported, as follows: Berkeley 2, Oakland 4, Los Angeles County 2, Claremont 1, Los Angeles 7, Pasadena 3, Fullerton 4, Tustin 1, Riverside 8, Oceanside 1, San Diego 4, San Francisco 3, San Joaquin County 1, Lodi 1, Mountain View 1, Petaluma 1.

Poliomyelitis.

Nine cases of poliomyelitis have been reported, as follows: Brawley 1, Long Beach 1, Los Angeles 2, San Gabriel 1, Brea 1, San Francisco 1, Tracy 1, Sutter County 1.

Meningitis (Epidemic).

Sacramento County reported one case of epidemic meningitis.

Tularemia.

Sacramento reported one case of tularemia.

Encephalitis (Epidemic).

Kern County reported one case of epidemic encephalitis.

COMMUNICABLE DISEASE REPORTS.

Disease	1927				1926			
	Week ending			Reports for week ending Dec. 21 received by Jan. 4	Week ending			Reports for week ending Jan. 1 received by Jan. 4
	Dec. 10	Dec. 17	Dec. 24		Dec. 11	Dec. 18	Dec. 25	
Anthrax.....	0	0	0	0	0	0	0	0
Botulism.....	0	0	0	0	0	0	0	0
Chickenpox.....	410	260	243	192	477	259	230	229
Diphtheria.....	135	162	171	137	173	184	154	123
Dysentery (Bacillary).....	1	0	1	0	1	1	4	0
Encephalitis (Epidemic).....	2	0	0	1	1	0	4	0
Gonococcus Infection.....	103	110	90	62	109	79	62	76
Influenza.....	21	28	19	26	34	25	34	36
Jaundice (Epidemic).....	3	0	1	0	2	0	0	0
Leprosy.....	0	0	0	0	1	2	1	0
Malaria.....	3	0	0	0	3	0	0	0
Measles.....	55	51	35	39	1051	873	596	753
Meningitis (Epidemic).....	6	2	3	1	1	1	5	2
Mumps.....	95	92	69	65	224	137	57	83
Paratyphoid Fever.....	0	0	1	1	0	0	0	0
Pneumonia (Lobar).....	46	57	49	94	51	51	97	97
Poliomyelitis.....	27	25	15	9	7	3	0	0
Rabies (Animal).....	5	13	5	9	8	6	5	6
Rocky Mt. Spotted Fever.....	0	0	0	0	0	0	0	0
Scarlet Fever.....	173	191	191	161	236	274	252	173
Smallpox.....	7	27	14	16	15	4	10	6
Syphilis.....	123	204	85	106	146	101	78	112
Tetanus.....	3	0	1	0	0	0	1	2
Trachoma.....	7	0	1	1	9	87	5	0
Trichinosis.....	0	0	2	0	0	0	0	0
Tuberculosis.....	215	179	131	124	141	152	124	156
Tularemia.....	0	0	0	1	0	0	0	0
Typhoid Fever.....	11	7	14	7	13	16	17	7
Typhus Fever.....	0	0	0	0	0	0	0	0
Whooping Cough.....	170	83	56	44	71	41	52	46
Totals.....	1621	1491	1197	1096	2722	2296	1788	1907

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